	ostmark		Date Received		Notification #		
I. Type of Notification (check one	e): Origin	al	Revised	Cano	eled		
II. Facility Description Building Name: Historic Center Bu	uilding	····					
Address: 103 South Main Street							
City: Waterbury			Zip Code: 05		County: Washir	gton	
Site Location : Waterbury State Off	fice Complex 103	South Ma	nin Street - Water	rbury, Vermo	nt	a	
Building Size (square feet): 3600 sq Present Use:		-			Age in Years: 11		
m 40 (1.1)			and the late of th			Fire Training	
IV. Is Asbestos Present? (check one)		No.	C [ Renovation		y renovation		
V. Facility Information Owner Name: State of Ver Address: 2 Governor Alker			ngs & General S	ervic <b>es</b>		······································	
			State: VT	Z	ip Code: 05633	- The Control of the	
Contact: Mike Stevens							
Removal Contractor Name:	The second of th						
Address:		and the second	and the state of the state of		Marie Colonia de Caracteria de		
City:			_ State:	Z	Zip Code:		
Contact:		Telepi	none: ()		_ Fax:		
Other Operator (demolition	n/general): PC Con	struction	Company				
Address: 193 Tilley Drive							
City: South Burlington			State: VT		Zip Code: 05403		
Contact: John Fox		Telep	none: (802)658-	4100	Fax: (802) 658-4100		
		d to detec			the quantity of RA		
VI. Procedure, including analytics Category I and Category II no Bulk samples collected by a  VII. Approximate Amount of Asbe	ccredited inspe						
Category I and Category II no Bulk samples collected by a	ccredited inspe	ectors. A		VLAP accre	edited laborate	ory	
Category I and Category II no Bulk samples collected by a	estos Materials:	ectors. A	Analyzed by N' Non-friable Asbe	VLAP accre	edited laborate	DITY bestos Material	
Category I and Category II no Bulk samples collected by a VII. Approximate Amount of Asbe	estos Materials:	ectors. A	Analyzed by N Non-friable Asbe to be Ren	VLAP accre	Non-friable As	bestos Material Removed	
Category I and Category II no Bulk samples collected by a VII. Approximate Amount of Asbe Pipes (linear feet)	estos Materials:	ectors. A	Non-friable Asbe to be Ren Category I	VLAP accre	Non-friable As	bestos Material Removed	
Category I and Category II no Bulk samples collected by a VII. Approximate Amount of Asbe Pipes (linear feet) Surface Area (square feet)	estos Materials:  RACM to be Ref	moved	Non-friable Asbe to be Ren Category I	VLAP accre estos Material noved Category II	Non-friable As	bestos Material Removed	
Category I and Category II no Bulk samples collected by a VII. Approximate Amount of Asbe	estos Materials:  RACM to be Rei	moved	Non-friable Asbe to be Ren Category I 50 30,600	VLAP accre estos Material noved Category II	Non-friable As NOT to be Category I	bestos Material Removed	
Category I and Category II not Bulk samples collected by a  VII. Approximate Amount of Asbe  Pipes (linear feet)  Surface Area (square feet)  Facility Components (cubic feet)	RACM to be Resorted in the Res	moved  Start: 0	Non-friable Asbe to be Ren Category I 50 30,600	vstos Material noved Category II 3500	Non-friable As NOT to be Category I	bestos Material Removed	
Category I and Category II not Bulk samples collected by a  VII. Approximate Amount of Asbe  Pipes (linear feet)  Surface Area (square feet)  Facility Components (cubic feet)  VIII. Scheduled Dates Demolition of	RACM to be Resorted in the Res	moved  Start: 0	Non-friable Asbe to be Ren Category I 50 30,600 8	estos Material noved Category II 3500	Non-friable As NOT to be Category I	bestos Material Removed	

X.		on of planned Demolition or Renovation work to			
	pical stor	ation techniques to be used and description of afform Irene renovations. Complete renovation			
partial a	asbestos	removal.			
XI.		on of work practices and engineering controls to l and waste handling emission control procedures:	e used to comply	with	the requirements, including asbestos
		rocedures in accordance with the USEPA As Includes wet removal, containment barriers,			
XII.	Waste Tr	ansporter #1		THE PERSON	
	Name:	TBD			
	Address:			_	
	City:		State:		Zip Code:
	Contact:		Telephone:	(	)
	Waste Tr	ansporter #2			
	Name:	TBD			
	Address:				
	City:	***************************************	State:		Zip Code:
	Contact:		Telephone:	-	)
XIII.	Waste Di	snosal	•	_	
	Name:	TBD			
	Address:	130			
	City:		State:		Zip Code:
	Contact:		Telephone:	-	Zip Code.
XIV.		cy Demolition (complete Item XIV only if this proje			/
AIV.		Attach a copy of the Order to this notice.	et is all Elliergene	y Dell	1110.)
		lame of Authority Issuing Order:			Title:
		authority of Order (Citation of Code):			
	4. D	Date of Order (MM/DD/YY):	=		Date Ordered to Begin
XV.	Emergen	cy Renovation (Attach separate sheet with the follo	wing information	if pro	oject is Emergency Renovation.)
	I. E	Date and Hour of the Emergency:			
		Description of the Sudden, Unexpected Event:			
	3. E	explanation of how the event caused unsafe condition	ns or equipment da	amage	e or an unreasonable financial burden.
XVI.	-	on of procedures to be followed in the event that	unexpected RAC	M is f	found or non-friable ACM becomes
Samo		I, pulverized, or reduced to powder.  ures as Section X above			
XVII.		that an individual trained in the provisions of NES Demolition or Renovation, and evidence that the available during normal business hours.			
	///	LEAT Por aviner	10/23/13		Chris Crothers, Owner's Consultant
/	100	Signature of Owner/Operator	Date		Type or Print Name and Title
9797000					
XVIII.		ledge the existence of laws prohibiting the subm contained in this notification are true, accurate,		mistea	ading statements, and I certify that facts
		aff	The second		
	11	the for owner	10/23/13		Chris Crothers - Owner's Consultant
	/	Signature of Owner/Operator	Date		Type or Print Name and Title



U.S EPA- Region 1 Asbestos NESHAP Division Attn: Demo/RenoNotifications Boston, MA 02109-3912





U.S EPA- Region 1
Asbestos NESHAP Division
Attn: Demo/RenoVotifications
Boston, MA 02109-3912



Operator Project # CEG888200 P	ostmark		Date Received		Notification #			
I. Type of Notification (check or	ne): O	riginal	✓ Revised	Cance	eled			
II. Facility Description  Building Name: Historic Center Boaddress: 103 South Main Street								
		to. VT	Zip Code: 0	5671	County: Washin	agton		
Site Location : Waterbury State O					•			
Building Size (square feet): 3600 so			of Floors: 4 plus		age in Years: 11	9		
Present Use:								
III. Type of Operation (check one						Fire Training		
IV. Is Asbestos Present? (check of	one): Yes	No						
V. Facility Information Owner Name: State of Ve			lings & General (	Services				
City: Montpelier			State: VT	Zip	Code: 05633			
Contact: Mike Stevens				-5377	Fax: (802) 828	-3533		
Removal Contractor Name	: TBD							
Address:								
City: State:					Code:			
Contact:		Telep	hone: ()		Fax:			
Other Operator (demolition	n/general): PC C	Construction	Company					
Address: 193 Tilley Drive	u e e e e e e e e e e e e e e e e e e e							
City: South Burlington					Zip Code: 05403			
Contact: John Fox		Telep	hone: (802) 658-	4100	Fax: <u>(802)</u> 658	-4100		
VI. Procedure, including analytic Category I and Category II no Bulk samples collected by a	on-friable ACM:		_					
VII. Approximate Amount of Asb	estos Materials:							
	RACM to be	Removed	Non-friable Asb to be Ren			bestos Material Removed		
			Category I	Category II	Category I	Category II		
Pipes (linear feet)			50					
Surface Area (square feet)			30,600	3500				
Facility Components (cubic feet)	Vermic		8					
VIII. Scheduled Dates Demolition	or Renovation:	Start: 0	1/16/14	Complete	: 06/30/15			
IX. Dates for Asbestos Removal	(MM/DD/YY)	Start: 1	1/26/13	Complete	: 01/15/14			
Days of the Week: Monday	Tuesday	Wednesda	771 1	Friday	Saturday	Com don		
	Tuesday	Wednesda	y Thursday	Tituay	Saturday	Sunday		

Park and a

X.	or renova	on of planned Demolition or Renovation work to ation techniques to be used and description of aff	ected facility compo	nents:	
	opical stor asbestos	m Irene renovations. Complete renovation removal.	and restoration	of interior and e	exterior surfaces, including
XI. Compr	removal a ehensive p	on of work practices and engineering controls to and waste handling emission control procedures: rocedures in accordance with the USEPA As Includes wet removal, containment barriers,	bestos NESHAP	regulation and th	e Vermont Regulations for
XII.			Tiegative pressure	e, proper waste t	ransport and disposal.
AII.	Name:	ansporter#1 TBD			
	Address:				
	City:		State:		Zip Code:
	Contact:	-	Telephone: (	)	
	Waste Tr	ansporter#2			
	Name:	TBD			
	Address:				
	City:		State:		Zip Code:
	Contact:		Telephone:	( )	
XIII.	Waste Di	sposal			
	Name:	TBD			
	Address:				
	City:		State:		Zip Code:
	Contact:		Telephone:	( )	
XIV.	-	y Demolition (complete Item XIV only if this project	ect is an Emergency I	Demo.)	
		ttach a copy of the Order to this notice.		ont it	
		ame of Authority Issuing Order: uthority of Order (Citation of Code):		Title:	
		ate of Order (MM/DD/YY):		Date	Ordered to Begin
XV.		ry Renovation (Attach separate sheet with the follo	wing information if		
2811	_	ate and Hour of the Emergency:		project 10 2211111 gen	
		escription of the Sudden, Unexpected Event:			
	3. E	xplanation of how the event caused unsafe condition	ns or equipment dama	age or an unreason	able financial burden.
XVI.	-	on of procedures to be followed in the event that , pulverized, or reduced to powder.	unexpected RACM	is found or non-f	riable ACM becomes
Same		res as Section X above			
XVII.		hat an individual trained in the provisions of NES			
		Demolition or Renovation, and evidence that the payailable during normal business hours.	required training na	is been accomplish	led by this person will be
	///	A Comment of the Comm	11/07/13	Chris Crothor	s, Owner's Consultant
	// (	Signature of Owner/Operator	Date		rint Name and Title
XVIII.		ledge the existence of laws prohibiting the submi contained in this notification are true, accurate, a		leading statement	s, and I certify that facts
		A		01: 0 11	0
	1	Signature of Owner/Operator	11/07/13 Date		s - Owner's Consultant Print Name and Title



GERTIFIEU MAIL.



7012 3460 0002 1037 6059

U.S. EPA – Region 1
Asbestos NESHAP Division
Attn: Demo/Reno Notifications
5 Post Office Square – Suite 100
Boston, MA 02109-3912





POLS 3460 0000 1037 6059





U.S. EPA – Region 1
Asbestos NESHAP Division
Attn: Demo/Reno Notifications
5 Post Office Square –Suite 100
Boston, MA 02109-3912

Operator Projec	# CEG888200 I	Postmark	ATT THE	Date Received		Notification #			
I. Type of	lotification (check o	one):	Original	✓ Revised	Canc	eled			
Building Name:	Description Historic Center E								
	South Main Street		VT		25074	30/			
City: Waterbi						County: Washin	gton		
	Vaterbury State C					10.0			
,	quare feet): 3600 s					Age in Years: 119	<del>)</del>		
III. Type of	Operation (check on	e): Demo	Ordered Der	mo 🗸 Renovatio	on Emergenc	y Renovation	Fire Training		
IV. Is Asbes	os Present? (check	one): Yes	☐ No						
Owner Addres	Information Name: State of Vo								
	Montpelier			and the second second	The second secon	p Code: 05633			
Contac	: Mike Stevens		Telep	phone: (802) 828	3-5377	Fax: (802) 828-	3533		
Remov	al Contractor Nam	e: TBD							
	Address:								
						Zip Code:			
	•								
	Operator (demolitie		Construction	n Company					
	s: 193 Tilley Drive		<u> </u>			25122			
•	South Burlington					Zip Code: <u>05403</u>			
Contac	: John Fox		Tele	ohone: (802)658	3-4100	Fax: (802) 658	4100		
Categor Bulk sample	re, including analytical and Category II is collected by mate Amount of Asl	non-friable ACM accredited ir	i: nspectors.						
		RACM to	pe Removed	Non-friable Asl to be Re		Non-friable Ask NOT to be			
				Category I	Category II	Category I	Category II		
Pipes (linear fe	et)			50					
Surface Area (	quare feet)			30,600	3500				
Facility Compo	nents (cubic feet)	Verm	iculite	8					
VIII. Schedu	ed Dates Demolition	or Renovation:	Start: C	)1/16/14	Complet	e: 06/30/15			
IX. Dates f	r Asbestos Remova	I (MM/DD/YY)	Start:	12/06/13	Complet	e: 01/15/14			
Days of the W	ek: Monday	Tuesday	Wednesd	ay Thursday	Friday	Saturday	Sunday		
Hours of Opera	tion: 7-6	7-6	7-6	7-6	7-6	7-6	7-6		

X.	X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:								
Post tro	opical storm Irene reno asbestos removal.	ovations. Complete renovation	and restoration of	of interior and ext	erior surfaces, including				
XI.	I. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:								
		accordance with the USEPA Ast tremoval, containment barriers,							
XII.	Waste Transporter #1								
	Name: TBD								
	Address:								
	City:		State:		Zip Code:				
	Contact:		Telephone: (	)					
	Waste Transporter #2								
	Name: TBD								
	Address:								
	City:		State:		Zip Code:				
	Contact:		Telephone: (	)					
XIII.	Waste Disposal								
	Name: TBD								
	Address:								
	City:		State:		Zip Code:				
	Contact:		Telephone: (						
XIV.		(complete Item XIV only if this project	ct is an Emergency D	Demo.)					
	**	the Order to this notice.		Title:					
	2. Name of Author	ler (Citation of Code):		Title:					
	4. Date of Order (N			Date O	rdered to Begin				
XV.		(Attach separate sheet with the follow	ving information if t						
	Date and Hour o			, ,	,				
		e Sudden, Unexpected Event:							
	<ol><li>Explanation of h</li></ol>	ow the event caused unsafe conditions	s or equipment dama	ige or an unreasonab	le financial burden.				
XVI.	Description of procedur crumbled, pulverized, o	res to be followed in the event that u	inexpected RACM	is found or non-fria	able ACM becomes				
Same	procedures as Sec	•							
XVII.		ual trained in the provisions of NES							
		Renovation, and evidence that the regression of	. ,	s been accomplished	by this person will be				
	11 Cananhari	for a final distribution		Obale Out the	Our and O = = 14 = - 4				
	H LUMPITULE Signature	of Owner/Operator	11/07/13 Date		Owner's Consultant  nt Name and Title				
		• 1111111111111111111111111111111111111							
XVIII.		ence of laws prohibiting the submis nis notification are true, accurate, a		leading statements,	and I certify that facts				
,	Lamphe	11 tex consult		Chain Carthan	Ourmania Caracultant				
	TUNIYABL	of Owner/Operator	11/07/13 Date		- Owner's Consultant nt Name and Title				
	Signature	of Owner/Operator	Date	1 ype or Pri	III PAINE AND THE				



Operator Project # (	EG888200	Postmark	THE		Date Received		Notification	#		
I. Type of Noti	fication (checl	c one):	Ori	ginal	✓ Revised	Can	celed	uni e la elevativa		
II. Facility Do Building Name: Hi		Building								
Address: 103 Son							Barton b			
City: Waterbury					Zip Code: 0			hington		
Site Location : Wat					lain Street - Wate					
Building Size (square Present Use:	130				of Floors: 4 plus		Age in Years:	119		
III. Type of Ope	ration (check	one): Der	no 🔲 C	Ordered De	mo 🗸 Renovation	Emergen	cy Renovation	Fire Training		
	Present? (chec	ck one):	Yes	☐ No			-			
					dings & General S	Services	D reserve			
City: Mo	ntpelier				State: VT	2	ip Code: 05633	3 .		
Contact: N	like Stevens			Telep	ohone: (802) 828-	5377	Fax: (802) 82	28-3533		
	Contractor Na							- 10 mar N		
City:					State:	2	ip Code:			
Contact:				Telep	ohone: ()		Fax:	1177		
Other Ope	rator (demoli	tion/general)	PC Co	nstruction	n Company					
Address: 1	93 Tilley Dri	ve ·								
City: Sou	ıth Burlingtor	1			State: VT	2	Zip Code: 05403			
Contact: J	ohn Fox			Telep	phone: (802)658-	4100	Fax: (802) 658-4100			
	nd Category I collected by	I non-friable / accredite	ACM: ed insp		ct the presence of a					
	and produce	RACI	M to be R	emoved	Non-friable Asbe to be Ren			Asbestos Material be Removed		
				Ì	Category I	Category II	Category I	Category II		
Pipes (linear feet)					50					
Surface Area (squar	e feet)	110		1.1111111	30,600	3500				
Facility Components	(cubic feet)	1	Vermicul	ite	8	11.00	THE STATE OF THE S			
						Comple	a.			
VIII. Scheduled D	ates Demolitie	on or Renova	tion:	Start: 0	1/16/14	Comple	te: 06/30/15			
	ates Demolitie bestos Remov				2/06/13	Comple	00/30/13			
	THE WO	/al (MM/DD/	YY)		2/06/13		00/30/13	Sunday		

X.		of planned Demolition or Renovat in techniques to be used and descr			nod(s) to be employed, including demolition
Post t		Irene renovations. Complete			interior and exterior surfaces, including
XI.	removal and	waste handling emission control p	rocedures:		the requirements, including asbestos
Compi Asbes	rehensive pro- tos Control. In	cedures in accordance with the cludes wet removal, containment	USEPA Asbestos NESHAP ent barriers, negative pressu	reg re, p	ulation and the Vermont Regulations for proper waste transport and disposal.
XII.	Waste Trans	sporter #1			
	Name: T	BD	Tries Long		15 (40)
	Address:		Control Control of		All I can be to retain a Control of the State of Control of the State of Control of Cont
	City:		State:		Zip Code:
	Contact:		Telephone:	(	)
	Waste Trans	sporter #2			J. Departs M. M. akatil, cames A consult
	Name: T	BD	1.000		angul yelk sprength 5 - pales
	Address:				milespecial and
	City:		State:		Zip Code:
	Contact:		Telephone:	(	)
ЛИ.	Waste Dispo	sal			
	Name: T	BD			
	Address:				
	City:		State:		Zip Code:
	Contact:		Telephone:	(	)
άV.	Emergency 1	Demolition (complete Item XIV onl	y if this project is an Emergency	Den	no.)
		ch a copy of the Order to this notice.	N and		
		e of Authority Issuing Order:		7	Title:
		ority of Order (Citation of Code):			Det Outside Design
~ 1		of Order (MM/DD/YY):	14 4 CH 1 C 14 1	C	Date Ordered to Begin
CV.		Renovation (Attach separate sheet vand Hour of the Emergency:	with the following information is	r pro	ject is Emergency Renovation.)
		ription of the Sudden, Unexpected F	Event:		
		· ·		nage	or an unreasonable financial burden.
VI.			e event that unexpected RACN	I is f	ound or non-friable ACM becomes
		ulverized, or reduced to powder.			
ame	e procedure	s as Section X above			policy appeal to
KVII.	Der		nce that the required training h		51, SUBPART M) will be on -site during the een accomplished by this person will be
	11 Pana	her fix Man Air N	210/01		Chuic Cuethous Cumada Caraciltant
	HIMM	Signature of Owner/Operator	11/07/13 Date		Chris Crothers, Owner's Consultant  Type or Print Name and Title
KVIII.		ge the existence of laws prohibitin tained in this notification are true		islea	ding statements, and I certify that facts
	JLCan	MARIL FIN MAI	'n 0 :/		Obdo Coothan Coord Coord
	TLULIP	CIVICLE 101 UVV	11/07/13		Chris Crothers - Owner's Consultant
		Signature of Owner/Operator	Date		Type or Print Name and Title

Operator Project # CEG888200 P	ostmark		Date Received		Notification #				
I. Type of Notification (check or	ne): 🗸 Orig	ginal	Revised	Cano	eled				
II. Facility Description  Building Name: Sewing Building  Address: 103 South Main Street									
City: Waterbury State: VT Zip Code: 05671 County: Washington									
Site Location: Waterbury State Office Complex 103 South Main Street - Waterbury, Vermont									
Building Size (square feet): 2000 sq.ft. per floor # of Floors: 2 plus basement Age in Years: 100 +/-									
Present Use: Vacant Prior Use: State Offices									
III. Type of Operation (check one): 🗸 Demo 🔲 Ordered Demo 🔲 Renovation 🔲 Emergency Renovation 🔲 Fire Training									
IV. Is Asbestos Present? (check one): Yes V No									
V. Facility Information Owner Name: State of Vermont, Department of Buildings & General Services Address: 2 Governor Aiken Avenue, Drawer 33									
City: Montpelier			State: VT	Zi	p Code: 05633				
Contact: Mike Stevens		Telep	hone: (802) 828	3-3314	Fax:				
Removal Contractor Name	: Not applicable								
Address:									
City:			State:	Zi	Zip Code:				
Contact:			7		Fax:				
Other Operator (demolition	n/general): PC Co	nstruction	Company						
Address: 193 Tilley Drive			70.0						
City: South Burlington					Zip Code: 05403				
Contact: John Fox		Telep	hone: ( <u>802) 658</u>	3-4100	Fax: <u>(802)</u> 658	-4100			
VI. Procedure, including analytic Category I and Category II no Bulk samples collected by a	on-friable ACM: accredited insp								
VII. Approximate Amount of Asbe	estos Materials:		2. 0.11		NY C* 11 4 1				
	RACM to be R	temoved	Non-friable Asl to be Re		Non-friable Ask NOT to be				
			Category I	Category II	Category I	Category II			
Pipes (linear feet)									
Surface Area (square feet)									
Facility Components (cubic feet)									
VIII. Scheduled Dates Demolition	or Renovation:	Start: 1	2/11/13	Complet	e: 02/28/14				
IX. Dates for Asbestos Removal	(MM/DD/YY)	Start:		Complet	e:				
Days of the Week: Monday	Tuesday	Wednesda	y Thursday	Friday	Saturday	Sunday			
Hours of Operation:									

X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:								
Person excava		vage so	ome materials first, then building will	be demolished u	tilizing heavy ed	quipment, such as an			
XI.			rk practices and engineering controls to be e handling emission control procedures:	e used to comply wi	th the requiremen	its, including asbestos			
Not a	oplicable								
XII.	Waste Tr	ansport	er #1						
	Name:	N/A							
	Address:								
	City:			State:		Zip Code:			
	Contact:			Telephone: (	)				
	Waste Tr	ansport	er #2						
	Name:	N/A							
	Address:								
	City:			State:		Zip Code:			
	Contact:			Telephone: (	)				
XIII.	Waste Di								
	Name:	N/A							
	Address:			0: 1		7' 0 1			
	City: Contact:	_		State:		Zip Code:			
XIV.		on Dame	plition (complete Item XIV only if this project		lama)				
AIV.	_	-	copy of the Order to this notice.	t is all Elliergency L	emo.)				
			Authority Issuing Order:		Title:				
	3. A	uthority	of Order (Citation of Code):						
	4. D	ate of C	rder (MM/DD/YY):		Date	Ordered to Begin			
XV.	_	•	vation (Attach separate sheet with the follow	ving information if p	project is Emergence	cy Renovation.)			
			Hour of the Emergency:						
Ì		•	on of the Sudden, Unexpected Event: on of how the event caused unsafe conditions	or equipment dama	ge or an unreasona	ble financial burden.			
	J. D	Apidi idi	on or now the event educed distance conditions	or equipment dame	ge or an amoun				
XVI.	Descripti	on of pr	ocedures to be followed in the event that u	nexpected RACM	is found or non-fr	iable ACM becomes			
Community			rized, or reduced to powder.	the Verment Begulation	e for Achaetae Control	This includes wat removal methods			
decontam	ination structure	es in acco e, containn	nent barriers, negative pressure enclosure, proper waste s	shipment & disposal, post	abatement visual inspe	ctions and air monitoring where required.			
XVII.			ndividual trained in the provisions of NESI						
			ion or Renovation, and evidence that the re e during normal business hours.	equired training ha	s been accomplish	ed by this person will be			
	11 600	nid	XII for Daniel	11/25/13	Chris Crothors	, Owner's Consultant			
	et Ca	Sign	nature of Owner/Operator	Date		rint Name and Title			
	-		•						
XVIII.			e existence of laws prohibiting the submised in this notification are true, accurate, ar		leading statement	s, and I certify that facts			
	110	a in	aidrell from man		01101	-010			
	44	uli)	Charles 101 ONIE	11/25/13		s - Owner's Consultant			
		Sign	nature of Owner/Operator	Date	1 ype or P	rint Name and Title			



40 San Remo Drive · South Burlington, Vermont 05403





US EPA Mesian 1 S Post office Square South 100 Boston MA 02109-3912

Operator Project #	Postmark		Date Received		Notification	¥		
I. Type of Notification (check of	one): O	riginal	✓ Revised	Cano	celed			
II. Facility Description Building Name: South Historic C	ore - Building 1/2	2/3						
Address: 103 South Main Stree	t							
City: Waterbury	Sta	ite: VT	Zip Code:	05671	County: Wash	nington		
Site Location : Waterbury State C	complex - 103 sc	outh Main S	treet, Waterbur	y Vermont				
Building Size (square feet): 6400 s	q.ft. per floor	#	of Floors: 4		Age in Years: 1	23+/-		
Present Use: Vacant		P	rior Use: State (	Offices				
III. Type of Operation (check on	e): Demo	Ordered De	mo 🔽 Renovati	on Emergence	y Renovation	Fire Training		
IV. Is Asbestos Present? (check	one): 🗸 Yes	☐ No						
V. Facility Information								
Owner Name: State of Ve			dings & Gneral	Services				
Address: 2 Governor Aike					(Cashell on			
City: Montpelier				Zi				
Contact: Mike Stevens					Fax: (802) 82	8-3533		
Removal Contractor Name: TMC Services, Inc. dba TMC Environemntal								
Address:         40 San Remo Drive           City:         South Burlington           State:         VT           Zip Code:         05403								
City: South Burlington								
Contact: Joe Downey			phone: (802)863	3-5300	Fax: (802) 86	3-0005		
Other Operator (demolition								
Address:								
					Zip Code:			
Contact:		Teler	phone: ()		Fax:			
VI. Procedure, including analytic Category I and Category II n		oyed to dete	ct the presence of	f and to estimate t	he quantity of R	ACM and		
Bulk samples collected by a	accredited as	oestos ins	spector. Ana	lyzed by NVL	AP accredite	ed laboratory.		
VII. Approximate Amount of Asb	estos Materials:							
	RACM to be	Removed		bestos Material emoved		sbestos Material e Removed		
			Category I	Category II	Category I	Category II		
Pipes (linear feet)	150	)						
Surface Area (square feet)	651	0	1200	153				
Facility Components (cubic feet)								
VIII. Scheduled Dates Demolition	or Renovation:	Start: 1	2/16/13	Complete	e: 05/30/15			
IX. Dates for Asbestos Removal	(MM/DD/YY)	Start: 1	0/29/13	Complete	e: 12/31/13			
Days of the Week: Monday	Tuesday	Wednesda	y Thursday	Friday	Saturday	Sunday		
Hours of Operation: 7am-4pm	7am-4pm	7am-4pi	m 7am-4pm	n 7am-4pm	n/a	n/a		

X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:								
		orm Irene renovations. Asbestos containing nuding complete MEP upgrade and window rep		e re	moved followe	d by complete interior			
methods, o	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:  rehensive procedures in accordance with the USEPA Asbestos NESHAP regulation and the Vermont regulations for Asbestos Control. This includes wet removal dots, decontamination structures, containment barriers, negative pressure enclosures, proper waste shipment & disposal. post abatement visual inspections and air pring where required.								
XII.		ansporter #1							
	Name: Address:	Service Transport Group, Inc.							
	City:	58 Pyles Lane	State:	D.E.		Zip Code: 19720			
	Contact:	New Castle	Telephone:	DE (e7	7)999-9559	Zip code. 19720			
		Randy Bridges ansporter #2	r cropitone.	(0/	7 7 9 9 9 - 9 5 5 9				
	Name:								
	Address:	-							
	City:		State:			Zip Code:			
	Contact:		Telephone:	(	)				
ХШ.	Waste Dis	sposal							
	Name:	Minerva Landfill							
	Address:	8955 Minerva Road							
	City:	Waynesburg	State:	Oh	io	Zip Code: 44688			
	Contact:	Steve Chandler	Telephone:	_	30 ) 866-3435				
XIV.	_	ey Demolition (complete Item XIV only if this project i	s an Emergenc	y Dei	mo.)				
		ttach a copy of the Order to this notice.  ame of Authority Issuing Order:			Title:				
		uthority of Order (Citation of Code):			Title.				
		ate of Order (MM/DD/YY):			Date (	Ordered to Begin			
XV.	Emergeno	cy Renovation (Attach separate sheet with the following	ng information	if pro	ject is Emergency	Renovation.)			
	1. D	ate and Hour of the Emergency:							
		escription of the Sudden, Unexpected Event:			4				
	3. E	explanation of how the event caused unsafe conditions of	r equipment da	amage	e or an unreasonal	ole financial burden.			
XVI.	Description	on of procedures to be followed in the event that une	expected RAC	M is	found or non-fri	able ACM becomes			
48.7.44		, pulverized, or reduced to powder.	p						
Notific	ation to	Local, State and Federal Agencies. Re	emoval and	dis	posal per XI	•			
XVII.	)	hat an individual trained in the provisions of NESHA Demolition or Renovation, and evidence that the req	AP (40 CFR Paulined training	ART has b	61, SUBPART Moeen accomplishe	I) will be on -site during the d by this person will be			
	(2	vailable during normal business hours.							
	1		0/25/13		Joe Downey, P	roject Manager int Name and Title			
	-	Signature of Owner Operator	Date		Type or Pr	int Name and Title			
XVIII.		edge the existence of laws prohibiting the submission		nislea	ading statements.	, and I certify that facts			
	(	contained in this notification are true, accurate, and	complete.						
	1		10/25/13	_		Project Manager			
		Signature of Owner/Operator	Date		Type or Pr	int Name and Title			

**TMC** ENVIRONMENTAL





Operator Project #	F	Postmark		Date Received		Notification #			
I. Type of Notifi	cation (check o	ne): O	iginal	Revised	Cance	eled			
Building Name: Dal	Building Name: Dale Building, Waterbury State Office Complex								
Address: 103 Sout									
		Sta			05671	County: Washin	ngton		
Site Location : Wate			03 South	Main Street					
Building Size (square	feet): 8200 s	f per floor	#	of Floors: 4	<i>F</i>	Age in Years: 100	0 +/-		
Present Use: Vacan	t		Pr	rior Use: Office	space/State Hos	pital			
III. Type of Oper	ation (check on	e): 🖊 Demo 🗌	Ordered Der	mo Renovati	on Emergency	Renovation	Fire Training		
IV. Is Asbestos P	resent? (check	one): Yes	☐ No						
V. Facility Info							5		
		ermont, Building	and Gener	al Services					
	Governor Aike								
City: Mont					Ziŗ				
Contact: Mil	ke Stevens		Telep	phone: (802) 828	8-5377	Fax:			
Removal Co	Removal Contractor Name: TMC Services, Inc. dba TMC Environmental								
Address: 40	Address: 40 San Remo Drive								
City: Sout	h Burlington			State: VT	Zîŗ	Code: 05403			
Contact: Joe	e Downey	V	Telephone: (802) 863-53			Fax: 863-0005			
Other Oper	ator (demolitio	n/general): TBD							
Address:									
					Zip	Code:			
Contact:	**		Telephone: ()_			Fax:			
Category I and Comprehensive vi	d Category II n sual inspecti	on-friable ACM: on and bulk sar	•	•	f and to estimate the	-			
VII. Approximate	Amount of Asb	estos Materials:							
		RACM to be	Removed		bestos Material emoved	Non-friable Asbestos Material NOT to be Removed			
				Category I	Category II	Category I	Category II		
Pipes (linear feet)		800							
Surface Area (square	feet)	342		30,096	8149				
Facility Components	(cubic feet)								
VIII. Scheduled Da	tes Demolition	or Renovation:	Start: 1	2/31/13	Complete				
IX. Dates for Ash	estos Removal	(MM/DD/YY)	Start: 1	1/11/13	Complete	: 12/31/13			
Days of the Week:	Monday	Tuesday	Wednesda	y Thursday	Friday	Saturday	Sunday		
Hours of Operation:	7am-4pm	7am-4pm	7am-4pr	m 7am-4pn	n 7am-4pm	n/a	n/a		

X.		on of planned Demolition or Renovation work to be tion techniques to be used and description of affect		
		nent prior to renovation. Abatement to be peon and wet removal methods.	rformed per \	/ermont Regulations for Asbestos Control,
XI.		on of work practices and engineering controls to be	used to comply	with the requirements, including asbestos
		nd waste handling emission control procedures:		
		nent will be in accordance with Vermont Reg hods, and appropriate packaging and dispos		sbestos Control. Isolation of work areas,
XII.	Waste Tr	ansporter #1		
	Name:	Service Transport Group		
	Address:	58 Pyles Lane		
	City:	New Castle	State:	DE Zip Code: 19720
	Contact:	Randy Bridges	Telephone:	(877)999-9559
	Waste Tr	ansporter #2		
	Name:			
	Address:			
	City:		State:	Zip Code:
	Contact:		Telephone:	( )
XIII.	Waste Dis	Section 10 section		
	Name:	Minerva Landfill		
	Address:	8955 Minerva Road	2:	7: 0.1
	City:	Waynesburg	State:	
	Contact:	Stave Chandler	Telephone:	
XIV.	_	ey Demolition (complete Item XIV only if this project	is an Emergency	y Demo.)
		ttach a copy of the Order to this notice.  ame of Authority Issuing Order:		Title:
		uthority of Order (Citation of Code):		1100.
		ate of Order (MM/DD/YY):		Date Ordered to Begin
XV.	Emergen	ey Renovation (Attach separate sheet with the following	ing information	if project is Emergency Renovation.)
	1. D	ate and Hour of the Emergency:		
		escription of the Sudden, Unexpected Event:		
	3. E	xplanation of how the event caused unsafe conditions	or equipment da	mage or an unreasonable financial burden.
XVI.		on of procedures to be followed in the event that un pulverized, or reduced to powder.	expected RAC	M is found or non-friable ACM becomes
Notific		Local, State and Federal Agencies. R	emoval and	disposal per XI.
XVII.		hat an individual trained in the provisions of NESH		
		Demolition or Renovation, and evidence that the rec	quired training	has been accomplished by this person will be
	( *	available during normal business hours.		
	-/2		10/25/13	Joe Downey, PM
		Signature of Owner/Operator	Date	Type or Print Name and Title
XVIII.		edge the existence of laws prohibiting the submissi		nisleading statements, and I certify that facts
		contained in this notification are true, accurate, and	d complete.	
	A	MIN	10/25/13	Joe Downey, PM
		Signature of Owner/Operator	Date	Type or Print Name and Title

Operator	Project #		Postmark		Date Receive	d	Notification #	#
L Ty	ype of Notific	ation (check	one):	Original	<b>✓</b> Revise	d Ca	nceled	
	Facility Desc	-	0 . 5	070 "				
_			Core - Buildir	ng 6// South				
5-10-11-11	103 South			. \/T		05671	\\/aah	ington
						05671	County: Wash	iington
					Street, Waterbi			00.7
_					# of Floors: 3		Age in Years: 1	23+/-
	Jse: Vacant				Prior Use: State			
						ntion Emerge	ency Renovation	Fire Training
17.	Asbestos Pr		k one):	Yes No	0			
	Facility Info		Vorment Day	antment of Du	ildings O Char	al Convince		
			ken Avenue,		ildings & Gnera	il Services		
	City: Montp			-	State: VT		Zip Code: 05633	
	-						Fax: (802) 82	
					TMC Environe		Fax: (002) 02	0-0000
	Address: 40			TVICES, IIIC. GDE	2 TIMO LIMITOR	Jiiiitai		
	City: South				State: VT		Zip Code: 05403	
						63-5300		
			ion/general):		phone. ()-			
							Zip Code:	
							Fax:	
			tical methods, non-friable A		ect the presence	of and to estimat	e the quantity of R	ACM and
					spector. An	alyzed by N\	/LAP accredite	ed laboratory.
	_				<u> </u>	• •		
VII. A	pproximate A	mount of A	sbestos Materi	ials:				
			DACM	to be Removed		Asbestos Material Removed		sbestos Material be Removed
			KACIVI	to be Kemoved				
m1 (11	0 1				Category I	Category II	Category I	Category II
Pipes (lir			-					
	Area (square 1			4144	1800			
-	Components (							
VIII. So	cheduled Dat	es Demolitio	n or Renovation	on: Start:	12/16/13	Comp	lete: 05/30/15	
IX. D	ates for Asb	estos Remov	al (MM/DD/Y	Y) Start:	10/29/13	Comp	lete: 12/31/13	
Days of	the Week:	Monday	Tuesda	y Wednes	day Thursda	y Friday	Saturday	Sunday

X.		on of planned Demolition or Renovation work to be pation techniques to be used and description of affects				oyed, including demolition
		orm Irene renovations. Asbestos containing nuding complete MEP upgrade and window re		be r	emoved follower	d by complete interior
XI.	-	on of work practices and engineering controls to be u	sed to comply	y wi	th the requirement	ts, including asbestos
methods, o	nsive procedur	nd waste handling emission control procedures: es in accordance with the USEPA Asbestos NESHAP regulation an n structures, containment barriers, negative pressure enclosures, p d.				
XII.	Waste Tra	ansporter #1				
	Name:	Service Transport Group, Inc.				
	Address:	58 Pyles Lane				
	City:	New Castle	State:	DE		Zip Code: 19720
	Contact:	Randy Bridges	Telephone:	(8	377)999-9559	
	Waste Tra	ansporter #2		-		
	Name:					
	Address:					
	City:		State:	-		Zip Code:
	Contact:		Telephone:	: (	)	
XIII.	Waste Dis	posal				
:	Name:	Minerva Landfill				
	Address:	8955 Minerva Road				
	City:	Waynesburg	State:	0	hio	Zip Code: 44688
	Contact:	Steve Chandler	Telephone:	: (	330 ) 866-3435	
XIV.	_	y Demolition (complete Item XIV only if this project is	s an Emergenc	cy D	emo.)	
		ttach a copy of the Order to this notice.			Tid.	
		ame of Authority Issuing Order: uthority of Order (Citation of Code):			Title:	
		ate of Order (MM/DD/YY):			Date C	Ordered to Begin
XV.		ey Renovation (Attach separate sheet with the following	e information	if p		
	-	ate and Hour of the Emergency:	8	[	ogene,	
	2. De	escription of the Sudden, Unexpected Event:				
	3. Ex	xplanation of how the event caused unsafe conditions o	r equipment da	amag	ge or an unreasonab	le financial burden.
100						
XVI.		on of procedures to be followed in the event that une pulverized, or reduced to powder.	xpected RAC	M is	s found or non-fria	able ACM becomes
Notific		Local, State and Federal Agencies. Re	moval and	d di	sposal per XI.	
XVII.		nat an individual trained in the provisions of NESHA				
		Demolition or Renovation, and evidence that the requivalence during normal business hours.	iired training	has	been accomplished	d by this person will be
			: / -	_		
	->	Signature of Owner/Operator	10/25/1-	5	Joe Downey, Pr	oject Manager nt Name and Title
XVIII.		edge the existence of laws prohibiting the submission ontained in this notification are true, accurate, and		misle	eading statements,	and I certify that facts
	(	onemied in this notification are true, accurate, and	/ /			
	_>	LAV-D	10/25/13	_	Joe Downey, P	
		Signature of Owner/Operator	Date		Type or Pri	nt Name and Title

Operator Project #	Postmark		Date Received		Notification #			
I. Type of Notification (ch	eck one):	Original	✓ Revised	Canc	eled			
II. Facility Description Building Name: South Histo		3/9 South						
Address: 103 South Main S		) CT		05074	VA ( 5.1			
			Zip Code: _(		County: Washin	ngton		
Site Location : Waterbury St			150					
Building Size (square feet): 4	ou sq.it. per floor				Age in Years: 12	3+/-		
Present Use: Vacant								
III. Type of Operation (check one): Demo Ordered Demo Renovation Emergency Renovation Fire Transfer								
IV. Is Asbestos Present? (	heck one): Yes	No						
V. Facility Information Owner Name: State	of Vormont Donor	tmost of Build	dings & Gnoral S	Sonioos				
Address: 2 Governo			angs & Onerar	Services		_		
City: Montpelier			State: VT	Zij	Code: 05633			
Contact: Mike Steve						-3533		
					14			
Removal Contractor Name: TMC Services, Inc. dba TMC Environemntal  Address: 40 San Remo Drive								
City: South Burling			State: VT	Zi	p Code: 05403			
Contact: Joe Downe					Fax: (802) 863-0005			
Other Operator (den								
Address:								
				Zij	p Code:			
Contact:		Telep	ohone: ()		Fax:			
VI. Procedure, including an Category I and Categor Bulk samples collected	y II non-friable ACM	ſ:						
VII. Approximate Amount of	f Ashestos Materials							
TAN TAPPOMILLE TANGENT		oe Removed	Non-friable Ast		Non-friable Asi NOT to be			
			Category I	Category II	Category I	Category II		
Pipes (linear feet)	3	37						
Surface Area (square feet)	31	09	6000					
Facility Components (cubic fee	)							
VIII. Scheduled Dates Demo	ition or Renovation:	Start: 1:	2/16/13	Complete	05/30/15			
IX. Dates for Asbestos Rei	novai (MM/DD/YY)	Start: 1	0/29/13	Complete	12/31/13			
Days of the Week: Mon	lay Tuesday	Wednesda	y Thursday	Friday	Saturday	Sunday		
Hours of Operation: 7am-	1pm 7am-4pm	7am-4pr	m 7am-4pm	7am-4pm	n/a	n/a		

X.	Description or renova	on of planned Demolition or Renovation work to be tion techniques to be used and description of affect	performed and ted facility com	d m	ethod(s) to be empl nent s:	loyed, including demolition
Post Tr renova	opical Stotions, inclu	orm Irene renovations. Asbestos containing of ading complete MEP upgrade and window re	materials to leplacement.	be i	removed followe	d by complete interior
XI.		n of work practices and engineering controls to be nd waste handling emission control procedures:	used to comply	y wi	ith the requirement	ts, including asbestos
methods, o	nsive procedur	es in accordance with the USEPA Asbestos NESHAP regulation a n structures, containment barriers, negative pressure enclosures, p	nd the Vermont rec proper waste shipn	gulat nent	tions for Asbestos Contro & disposal. post abatem	ol. This includes wet removal nent visual inspections and air
XII.	Waste Tra	ansporter #1				
	Name:	Service Transport Group, Inc.				
	Address:	58 Pyles Lane				
	City:	New Castle	State:	DE		Zip Code: 19720
	Contact:	Randy Bridges	Telephone:	(8	877)999-9559	
	Waste Tra	ansporter #2				
!	Name:					
	Address:					
	City:		State:			Zip Code:
	Contact:		Telephone:	: (	)	
XIII.	Waste Dis	posal				
	Name:	Minerva Landfill				
	Address:	8955 Minerva Road	-			
	City:	Waynesburg	State:	0	hio	Zip Code: 44688
	Contact:	Steve Chandler	Telephone:	(	330 ) 866-3435	
XIV.		y Demolition (complete Item XIV only if this project	is an Emergeno	y D	emo.)	
		tach a copy of the Order to this notice.				
		ume of Authority Issuing Order:			Title:	
		athority of Order (Citation of Code):  ate of Order (MM/DD/YY):			Date (	Ordered to Begin
XV.		y Renovation (Attach separate sheet with the following	no information	ifn		
24 * *	-	ate and Hour of the Emergency:	ng miorination	пp	roject is Emergency	renovation.)
	2. De	escription of the Sudden, Unexpected Event:				
	3. Ex	planation of how the event caused unsafe conditions of	or equipment da	ama	ge or an unreasonab	le financial burden.
XVI.		n of procedures to be followed in the event that un	expected RAC	M i	s found or non-fria	able ACM becomes
Notific		pulverized, or reduced to powder. Local, State and Federal Agencies. Re	emoval and	d di	isposal per XI.	
XVII.	I certify th	at an individual trained in the provisions of NESH.	AP (40 CFR P/	ART	T 61. SUBPART M	) will be on -site during the
	D	emolition or Renovation, and evidence that the req				
	ar	vailable during normal business hours.				
	-/2		10/25/13	3	Joe Downey, Pr	oject Manager
	•	Signature of Owner/Operator	Date		Type or Pri	nt Name and Title
XVIII.		edge the existence of laws prohibiting the submission		nisle	eading statements,	and I certify that facts
	q	ontained in this notification are true, accurate, and	complete.			
			10/25/19	3	Joe Downey, Pr	roject Manager
-		Signature of Owner/Operator	Date			nt Name and Title

Operator Project #	Postmark		Date Received		Notification #			
I. Type of Notification (check	one): O	riginal	Z Revised	Canc	eled			
II. Facility Description	Core Building 4	O a suid la						
Building Name: South Historic Address: 103 South Main Stre		South						
City: Waterbury		. VT	7' 0 1	05671	o Washir	ngton		
Site Location: Waterbury State		•			County: Washir	igton		
Building Size (square feet): 1800				y voimone	Again Vaama: 12	3+/-		
Present Use: Vacant			rior Use: State (		Age in Tears. 12			
IV. Is Asbestos Present? (chec		☐ No			,			
V. Facility Information								
Owner Name: State of			dings & Gneral	Services				
Address: 2 Governor Ai	ken Avenue, Drav	ver 33						
City: Montpelier			State: VT	Zi	p Code: 05633			
Contact: Mike Stevens	_	Telep	phone: (802) 828	8-5377	Fax: (802) 828	-3533		
Removal Contractor Na	ne: TMC Service	s, Inc. dba	TMC Environen	nntal				
Address: 40 San Remo	Drive							
City: South Burlingtor		·	State: VT	Zi	p Code: 05403			
Contact: Joe Downey		Telep	hone: (802) 863	3-5300	Fax: (802) 863	-0005		
Other Operator (demolit	ion/general): TBD							
Address:								
				Zi				
Contact:		Telep	bhone: ()		Fax:			
VI. Procedure, including analy Category I and Category II	_	oyed to dete	ct the presence of	and to estimate t	he quantity of RA	CM and		
Bulk samples collected by		bestos ins	spector. Ana	lyzed by NVL	AP accredited	d laboratory.		
VII. Approximate Amount of A	sbestos Materials:							
	RACM to be	Removed		bestos Material emoved	Non-friable Asl NOT to be			
			Category I	Category II	Category I	Category II		
Pipes (linear feet)	188							
Surface Area (square feet)	14	4	230	21				
Facility Components (cubic feet)								
VIII. Scheduled Dates Demolitio	n or Renovation:	Start: 1:	2/16/13	Complete	05/30/15			
IX. Dates for Asbestos Remov	al (MM/DD/YY)	Start: 1	0/29/13	Complete	12/31/13			
Days of the Week: Monday	Tuesday	Wednesda	y Thursday	Friday	Saturday	Sunday		
Hours of Operation: 7am-4pm								

X.		on of planned Demolition or Renovation work to be tion techniques to be used and description of affect					
Post Tr	st Tropical Storm Irene renovations. Asbestos containing materials to be removed followed by complete interior						
	•	uding complete MEP upgrade and window re					
XI.		on of work practices and engineering controls to be	used to comply	with the requirements, including asbestos			
Compreher		nd waste handling emission control procedures: res in accordance with the USEPA Asbestos NESHAP regulation a	nd the Vermont requ	lilations for Ashestos Control. This includes wet removal			
methods, d		n structures, containment barriers, negative pressure enclosures, p					
XII.	Waste Tra	ansporter #1					
	Name:	Service Transport Group, Inc.					
	Address:	58 Pyles Lane					
	City:	New Castle	State: [	DE Zip Code: 19720			
	Contact:	Randy Bridges	Telephone:	(877)999-9559			
	Waste Tra	ansporter #2	_				
	Name:						
	Address:						
	City:		State:	Zip Code:			
	Contact:		Telephone:				
XIII.	Waste Dis	sposal					
7	Name:	Minerva Landfill					
	Address:	8955 Minerva Road					
	City:	Waynesburg	State:	Ohio Zip Code: 44688			
	Contact:	Steve Chandler	Telephone:	(330) 866-3435			
XIV.	Emergeno	cy Demolition (complete Item XIV only if this project	is an Emergency	/ Demo.)			
	1. A	ttach a copy of the Order to this notice.					
		ame of Authority Issuing Order:		Title:			
		uthority of Order (Citation of Code):					
		ate of Order (MM/DD/YY):		Date Ordered to Begin	_		
XV.		cy Renovation (Attach separate sheet with the following	ing information is	f project is Emergency Renovation.)			
		ate and Hour of the Emergency:					
		escription of the Sudden, Unexpected Event: xplanation of how the event caused unsafe conditions	or equipment dan	mage or an unreasonable financial burden			
	3. L.	aplanation of now the event eadsed distate conditions	or equipment dan	mage of an aneasonable manifest barden.			
XVI.		on of procedures to be followed in the event that un, pulverized, or reduced to powder.	expected RACM	M is found or non-friable ACM becomes			
Notific		Local, State and Federal Agencies. Ro	emoval and	disposal per XI.			
XVII.	I certify t	hat an individual trained in the provisions of NESH.	AP (40 CFR PA	RT 61, SUBPART M) will be on -site during the	:		
	I	Demolition or Renovation, and evidence that the recovariable during normal business hours.					
		1	10/25/17	Ioo Downov Project Monagor			
	•	Signature of Owner/Operator	Date	Joe Downey, Project Manager  Type or Print Name and Title			
XVIII.		ledge the existence of laws prohibiting the submissi		isleading statements, and I certify that facts			
	•	contained in this notification are true, accurate, and	compiete.				
		fort X-	10/25/13	Joe Downey, Project Manager			
		Signature of Owner/Operator	Date	Type or Print Name and Title			

Operator Project #	Postmark		Date Received		Notification #				
L Type of Notification (check	one):	riginal	✓ Revised	Cance	led				
II. Facility Description	Cara Building E 6	Sauth.	-						
Building Name: South Historic ( Address: 103 South Main Stre		soutn			***				
10/-1		VT	Zip Code: 0	15671	County: Washir	octon			
Site Location : Waterbury State					County:	igtori			
Building Size (square feet): 1800					ge in Years: 12	3+/_			
Manage	oque por noor		or Use: State C		ige in Years: 12	31,75			
m. Type of Operation (check of					Renovation	Fire Training			
IV. Is Asbestos Present? (chec		☐ No		Emergency	Tenoration				
V. Facility Information		1000							
Owner Name: State of \	√ermont, Departm	ent of Build	ings & Gneral S	Services					
Address: 2 Governor Ail	ken Avenue, Draw	/er 33							
City: Montpelier			State: VT	Zip	Code: 05633				
Contact: Mike Stevens		Telepl	none: (802) 828	-5377	Fax: (802) 828	-3533			
Removal Contractor Name: TMC Services, Inc. dba TMC Environemntal									
Address: 40 San Remo	Address: 40 San Remo Drive								
City: South Burlington	City: South Burlington State: VT Zip Code: 05403								
Contact: Joe Downey		Teleph	none: (802)863	-5300	Fax: (802) 863	-0005			
Other Operator (demolit	ion/general): TBD								
Address:	* *								
City:			_ State:	Zip	Code:				
Contact:		Telepl	none: ()		Fax:				
VI. Procedure, including analy		oyed to detec	t the presence of	and to estimate th	e quantity of RA	CM and			
Category I and Category II									
Bulk samples collected by	accredited ask	estos ins	pector. Anal	yzed by NVLA	AP accredited	d laboratory.			
VII. Approximate Amount of As	sbestos Materials:								
			Non-friable Asb	estos Material	Non-friable Asl	pestos Material			
	RACM to be	Removed	to be Re		NOT to be				
			Category I	Category II	Category I	Category II			
Pipes (linear feet)									
Surface Area (square feet)	4144	1	5830	21					
Facility Components (cubic feet)			4						
VIII. Scheduled Dates Demolitio	n or Renovation:	Start: 12	2/16/13	Complete	05/30/15				
IX. Dates for Asbestos Remov	al (MM/DD/YY)	Start: 10	0/29/13	Complete	12/31/13				
Days of the Week: Monday	Tuesday	Wednesday		Friday	Saturday	Sunday			
Hours of Operation: 7am-4pm		7am-4pn			n/a	n/a			

X.		on of planned Demolition or Renovation work to be ation techniques to be used and description of affec			ployed, including demolition
Post Tr		orm Irene renovations. Asbestos containing			ed by complete interior
		uding complete MEP upgrade and window re		c icinoved lonow	ed by complete interior
XI.		on of work practices and engineering controls to be	used to comply	with the requiremen	nts, including asbestos
Comprehe		and waste handling emission control procedures: res in accordance with the USEPA Asbestos NESHAP regulation:	and the Vermont regu	lations for Ashestos Cont	rol. This includes wet removed
methods, c	lecontamination where require	on structures, containment barriers, negative pressure enclosures,	proper waste shipme	ent & disposal. post abate	ment visual inspections and air
XII.	Waste Tr	ansporter #1			
	Name:	Service Transport Group, Inc.			
	Address:	58 Pyles Lane			
	City:	New Castle	State:	DE	Zip Code: 19720
	Contact:	Randy Bridges	Telephone:	(877)999-9559	
		ansporter #2			
	Name:				
	Address:				
	City:		State:		Zip Code:
	Contact:		Telephone:	( )	
XIII.	Waste Dis	sposal			
	Name:	Minerva Landfill			
	Address:	8955 Minerva Road			
	City:	Waynesburg	State:	Ohio	Zip Code: 44688
	Contact:	Steve Chandler	Telephone:	(330) 866-343	5
XIV.	Emergen	cy Demolition (complete Item XIV only if this project	t is an Emergency	Demo.)	
	1. A	ttach a copy of the Order to this notice.			
		ame of Authority Issuing Order:		Title:	
		uthority of Order (Citation of Code):			
		ate of Order (MM/DD/YY):			Ordered to Begin
XV.		cy Renovation (Attach separate sheet with the follow	ing information i	f project is Emergeno	cy Renovation.)
		rate and Hour of the Emergency:			
		escription of the Sudden, Unexpected Event:	au aquinm ant da		able financial hunden
	3. E.	xplanation of how the event caused unsafe conditions	or equipment dan	mage or an unreasona	dole ilitaliciai duiden.
XVI.		on of procedures to be followed in the event that ur	nexpected RACN	M is found or non-fr	riable ACM becomes
		, pulverized, or reduced to powder.			
Notific	ation to	Local, State and Federal Agencies. R	emoval and	disposal per X	l.
XVII.		hat an individual trained in the provisions of NESH			
		Demolition or Renovation, and evidence that the re available during normal business hours.	quired training l	has been accomplish	ed by this person will be
	•	ayamore uring normal business nours.	. 1 1 =		District Many
			10/25/13	Joe Downey, I	Project Manager rint Name and Title
		Signature of Owner/Operator	Date	Type or P	rint Name and Title
XVIII.		ledge the existence of laws prohibiting the submiss		isleading statement	s, and I certify that facts
		contained in this notification are true, accurate, an	d complete.		
	-		10/25/13	Joe Downey,	Project Manager
		Signature of Owner/Operator	Date		rint Name and Title

Operator	r Project #		Postmark		Date Received		Notification #		
I. T	ype of Notific	cation (check	one):	Original	✓ Revised	Cance	led		
			ore - South C	Connector					
				State: VT	Zip Code: 0	5671	County: Washi	naton	
					Street, Waterbury				
			sq.ft. per floor				ge in Years: 12	3+/-	
	Use: Vacant				rior Use: State O				
ш. т	ype of Opera	tion (check or	ne): Demo	Ordered De	mo 🕢 Renovation	n Emergency	Renovation [	Fire Training	
	s Asbestos Pr	esent? (check	one): V	es No					
		e: State of V Sovernor Aik	en Avenue, D	rawer 33	dings & Gneral S		0.1 05633		
					State: VT			2522	
					phone: (802) 828		Fax: (002) 020	-3333	
	Removal Contractor Name: TMC Services, Inc. dba TMC Environemntal  Address: 40 San Remo Drive								
		Burlington			State: VT	Zip	Code: 05403		
		Downey			ohone: (802) 863-				
	Other Opera	tor (demolitie	on/general): T						
	Address:								
	City:				State:	Zip	Code:		
	Contact:			Tele	phone: ()		Fax:		
Bulk s	ategory I and amples co	l Category II I	non-friable AC	M: asbestos in	spector. Analy				
			RACM to	be Removed	Non-friable Asb to be Re			bestos Material Removed	
					Category I	Category II	Category I	Category II	
Pipes (li	near feet)			20					
Surface	Area (square	feet)		72	4128	13			
Facility	Components (	cubic feet)							
VIII. S	cheduled Dat	tes Demolition	or Renovation	: Start: 1	2/16/13	Complete	05/30/15		
IX. D	ates for Asb	estos Remova	I (MM/DD/YY	) Start:	10/29/13	Complete	12/31/13		
Days of	f the Week:	Monday	Tuesday	Wednesd	ay Thursday	Friday	Saturday	Sunday	
	of Operation:	7am-4pm	7am-4pr	n 7am-4p	m 7am-4pm	7am-4pm	n/a	n/a	